

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2				
5						
6		3				
7		3				
8		3				
9		1				
10			1			
11				1		
12					1	
13		2				
14		1				
15		1				
16		2				
17		2				
18		1				
19	1		1			
20						
21		2				
22		2				
23						
24						
25						
26						
27	1		1			
28		1	1			
29			1			
30		2				
31						
32		8				
33		1				
34			1			
35			2			
36		2				
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48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			30			
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						